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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/601,107	
	Filing Date	6/20/2003	
	First Named Inventor	D.S. Benco	
	Art Unit	3627	
	Examiner Name	M.A. Cuff	
Total Number of Pages in This Submission	7	Attorney Docket Number	24-18

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcards (2)
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Ser. No. 10/601,107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Inventors: D. S. Benco et al.

Case: 24-18

Serial No.: 10/601,107

Filing Date: June 20, 2003

Group Art Unit: 3627

Examiner: M. A. Cuff

Title: Network Support For Mobile Service Plan Cumulative Usage Reports

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SIR:

AMENDMENT

Responsive to an Office Action dated October 9, 2007, please amend the above-identified application as follows.

In the claims: